

DOCUMENT RESUME

ED 147 523

CE 013 614

TITLE Program Evaluation Grant. Final Report.
INSTITUTION Quadco Rehabilitation Center, Inc., Stryker, Ohio.
SPONS AGENCY Ohio State Rehabilitation Services Commission,
Columbus.; Rehabilitation Services Administration
(DHEW), Washington, D.C.
BUREAU NO ORSC-76-3-1
PUB DATE 27 Jun 77
NOTE 78p.
EDRS PRICE MF-\$0.83 HC-\$4.67 Plus Postage.
DESCRIPTORS Administrative Problems; *Administrator Attitudes;
Cost Effectiveness; Evaluation Criteria; *Evaluation
Methods; Evaluation Needs; Facilities; *Management
Information Systems; Program Descriptions; Program
Effectiveness; *Program Evaluation; Program
Improvement; *Rehabilitation Centers; *Rehabilitation
Programs; Systems Development; Vocational Education;
Vocational Rehabilitation
IDENTIFIERS Ohio Rehabilitation Services Commission

ABSTRACT

The purpose of the project was to increase the effectiveness and efficiency of those rehabilitation facilities which were utilized by the Ohio Rehabilitation Services Commission (RSC) through the development, installation, and utilization of a program evaluation system and a management information system. The two systems were developed and presented to fifteen facilities for installation and implementation. Initial reports from both systems proved to be inaccurate and incomplete, and therefore the management information report was discontinued and a program evaluation questionnaire was designed for executive directors and daily administrators to determine how the program evaluation system could be improved. After review of the data received, it was evident that facilities were unsure how their program evaluation systems were going to impact upon their programs, services, and clients, and that they needed continued support with their program evaluation systems. Recommendations included that RSC consider funding a second program evaluation project. This report of the project includes sixteen common facility problems with program evaluation systems, as well as advantages and disadvantages of the system to the RSC, the facilities, and clients. Over one-half of the report is devoted to an appendix which includes guidelines for the program evaluation project, the program evaluation questionnaire, a management information system description, and source document sample forms.
(BL)

FD147523

Final Report

Project No. ORSC-76-3/1

William J. Timmerman, Ph.D.
Project Director

Keith Frank
Technical Advisor

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN-
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRESENT
OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

Quadco Rehabilitation Center, Inc.
527 North Defiance Street
Stryker, Ohio 43557

June 27, 1977

CE 013 614

PROGRAM EVALUATION GRANT

The research reported herein was performed pursuant to a grant with the Ohio Rehabilitation Services Commission and partially reimbursed from an allocation of federal funds from the Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare. Grantees undertaking such projects under government sponsorship are encouraged to express freely their professional judgment in conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Ohio Rehabilitation Services Commission or Rehabilitation Services Administration position or policy.

TABLE OF CONTENTS

	<u>Page</u>
List of Tables	i
Chapter I: Problems and Purposes	
Project Summary	I-1
Need for the Project.	I-2
Results or Benefits Expected.	I-3
Evaluation of the Project	I-4
Responsibilities of the Cooperating Parties	I-4
Definitions	I-5
Chapter II: Methods and Procedures	
Approach.	.II-1
Participating Facilities	.II-3
Data Collection Procedure	.II-4
Data Analysis	.II-5
Chapter III: Results and Conclusions	
Questionnaire Results and Conclusions	III-1
Discontinuance of the Management Information System	III-12
Common Facility Problems Regarding Program Evaluation System Development	III-13
Advantages and Disadvantages of Program Evaluation Systems to the Ohio Rehabilitation Services Commission, Vocational Rehabilitation Facilities, and Clients	III-15
Chapter IV: Recommendations	IV-1
Appendices	
Appendix A: Guidelines and Specifications for the Program Evaluation Project of the Ohio Rehabilitation Services Commission	
Appendix B: Program Evaluation Participant Questionnaire	
Appendix C: Management Information System	
Appendix D: Source Document Samples	

List of Tables

	<u>Page</u>
1. Summary of Questionnaires Returned	III-1
2. Summary of Understanding and Acceptance of Program Evaluation Systems. .	III-2
3. Summary of Facility Time and Effort.	III-4
4. Summary of Public Relations, Client Oriented Communications, and Vocational Benefits	III-4
5. Summary of Facility/Program Elements Clarification Due to Program Evaluation.	III-5
6. Summary of RSC's Suggested Involvement in Program Evaluation	III-7
7. Summary of Program Evaluation System Benefits.	III-8
8. Summary of General Project Information	III-9
9. Summary of Present and Desired Ability Regarding Program Evaluation System Elements	III-10
10. Summary of Time for Management Report and Consultant Help Requirements .	III-11

Chapter I

Problem and Purposes

Project Summary

The first program evaluation project seemed to be characterized by three distinct periods as experienced by participating facilities. During the first period, participants seemed to be completely confused by the new terminology and the need to define their programs in objective, measurable terms consistent with CARF standards.

This confusion seemed to evolve into a general feeling of resistance during the second period. Facilities tended to not yet understand their program evaluation system, were not sure of its potential use, and were experiencing a great deal of confusion "implementing the thing."

The third period seemed to be characterized by facilities understanding their program evaluation systems with initial indications of dependence. The data contained in the management reports were being useful not only for program monitoring within the facility, but for community and funding agency development and informational purposes as well.

Now that the project period is over, participating facility personnel have been requested to complete a questionnaire. This questionnaire indicated the following:

1. Facilities understood their program evaluation systems and believed they were a useful management tool.
2. The maintenance of the program evaluation system did not significantly detract from providing services to clients.
3. The cost of maintaining the program evaluation system was not significantly burdensome.
4. The program evaluation system tended to promote client oriented communication between administrators and client services staff.

5. The program evaluation system tended to increase the efficiency and effectiveness of a facility's programs.
6. Local RSC staff needed to be better informed about program evaluation and their integral role in it.
7. Local RSC staff were not providing sufficient client outcome feedback to facilities.
8. One local RSC staff member should attend all program evaluation workshops with a facility so their understanding of and cooperation with program evaluation will be maximized.

The ultimate value judgment of a program evaluation system's "worth" will be, to a large degree, determined by its advantages and disadvantages to all concerned (clients, facilities, and RSC). The most important were the advantages to the client. Those were:

1. An emphasis for the facility to provide high quality services in the shortest length of time.
2. A client's supervisor is being rewarded most for high quality client outcomes (competitive employment). This affects client outcome expectancies by first the supervisor and secondly the client.
3. High quality outcomes are based upon effective, efficient training programs which, for the client, means benefits received. These benefits extend beyond the duration of the training program.

Need for the Project¹

The purpose of this project was to increase the effectiveness and efficiency of those rehabilitation facilities which were utilized by the Ohio RSC through the development, installation, and utilization of a program evaluation and management information system. The program evaluation systems were to be used by facilities to

¹ Taken from the original proposed grant written by RSC personnel.

monitor their own programs. The management information system (Appendix C) was to be completed by facilities and forwarded to RSC for their use as a management tool. The states have had a mandate to serve severely handicapped clients. Rehabilitation facilities have tended to serve a high proportion of the severely handicapped. Thus, any system or technique that improved the efficiency and effectiveness of facility service delivery, increased the number of severely handicapped clients successfully rehabilitated.

In Ohio, there have been no organized, intensive efforts on the part of facilities to carefully evaluate the efficiency and effectiveness of their programs. Again, program data were not carefully recorded and widely reported. There were virtually no comparable data available between programs. Thus, facilities themselves, generally, did not know precisely how effective their services were. Also, since RSC had no comparable data, it could not easily make resource allocations between different programs.

Results or Benefits Expected²

Nationwide experience has shown that installation of effective program evaluation and management systems in rehabilitation programs tended to substantially increase positive output (clients successfully employed) and substantially decrease the cost-per-client. Expectations were that one year after program evaluation system installation, the average facility would increase its successful outcomes by 10%, after two years there would be a gain of an additional 5%, and after three years a final gain of 3%. At the same time, the cost per client rehabilitated would drop 15% the first year, 5% the second year, and 3% the third year.

The number of clients served in the participating rehabilitation facility programs in Ohio last year was as follows: Number referred: 4,000; number of vocational rehabilitation services³: 12,000; number rehabilitated: 1,200. This was the

² Taken from the original proposed grant written by RSC personnel.

³ i.e. Work evaluation, personal and work adjustment, skill training, sheltered employment, job readiness and placement.

population that would be served by this project proposal. It must be kept in mind that the bulk of these clients were severely handicapped.

Evaluation of the Project⁴

By the end of the project year the fifteen (15) facilities that have had program evaluation systems installed should show a 5% increase in their successful placements between the time they implement the system and the end of the year. The facilities, once the systems have been installed, will be providing monthly program evaluation reports to RSC and to Quadco for monitoring of data. It was expected that this data would tend to show more successful outcomes as the systems progress within the facilities. The RSC Program Evaluation Specialist would continue to monitor and synthesize data from the management information system after the project year had ended so as to determine the on-going effectiveness and efficiency of the systems and the possible need for modifications or changes within specific facilities.

Responsibilities of the Cooperating Parties⁵

- I. The Ohio Rehabilitation Services Commission (the State Vocational Rehabilitation Agency) assumed the following responsibilities:
 - A. Provided the assistance of the Facility Program Evaluation Specialist who coordinated and monitored the total project, provided RSC input, when appropriate, and served as the chief project liaison person.
 - B. Contacted and confirmed the participation of the fifteen facilities.
- II. Quadco assumed the following project responsibilities:
 - A. Served as project grantee and fiscal agent.
 - B. Contracted with a consulting firm (Evaluation Systems, Minneapolis, Minnesota).
 - C. Provided the services of one half-time staff person who served as technical advisor in assimilating data for meaningful feedback to the consortium and RSC, and prepared a final project report.

⁴ Taken from the original proposed grant written by RSC personnel.
⁵ Ibid

III. The consortium facilities assumed the following responsibilities:

- A. Adhered to the guidelines and specifications for the project as established by RSC. (Appendix A)
- B. Agreed to continue implementing a program evaluation system beyond the project year.

IV. The project consultant (Evaluation Systems) assumed the following responsibilities:

- A. Fulfilled the provisions of the Agreement as contracted with Quadco.

Definitions⁶

Admissions Criteria - A statement which defines the particular target population served by a facility or program. The criteria should be so constructed that it limits admission to the specific population for whom services are intended.

CARF - Commission on Accreditation of Rehabilitation Facilities.

Client Characteristics - General descriptive categories used to identify those served by a program such as Mentally Retarded, Physically Handicapped, Unemployed, Welfare Recipients, and so forth.

Client Descriptors - Statements which define the population being served in terms of the severity of problems to be resolved by the services offered or barriers to success.

Cumulative Index Scores - Index scores figured over a period of time, (e.g. the past eight months).

Effectiveness - The degree to which you accomplish your program goal (e.g. the % who obtain competitive employment).

Efficiency - The measure of time or cost invested to achieve the outcome (e.g. length of program, cost for achieving major benefits, and so forth).

Elements - The basic ingredients of a program evaluation system. Includes such things as Mission Statements, Goals, Objectives, Measures, Expectancies, Client Descriptors, Weights, Management Reports, and System Review Mechanism.

Evaluation Research - Evaluation research is designed to determine the various possible impacts of a program or project. It is summative evaluation. Its purpose is not to improve program performance. Evaluation research is conducted as a time limited effort and does not provide for regular reporting of results achieved.

Expectancies - Statements of the degree to which each objective is to be achieved. They are the criteria against which actual performance on each objective can be compared.

Index Scores - Numerical figures which tell you the degree to which each objective is being achieved.

⁶ Standard program evaluation definitions provided by Mr. Robert Walker, Evaluation Systems.

Management by Objectives - A method for operationalizing organizational goals and objectives, and getting them translated into more specific objectives to be achieved by the departments and individuals within an organization.

Management Information System (MIS) - The collection, storage, and summarizing of a wide range of information about an organization's activities. The information is collected to meet a wide range of administrative needs, for bookkeeping and billing purposes, and to monitor the activities of departments and individual staff.

Measures - Statements which indicate how the achievement of objectives will be determined, (e.g. % of clients who obtain full time competitive employment).

Mission Statement - Describes in general ways what an organization strives to accomplish, the services provided, and who it serves.

Objectives - Specific statements of what is to be achieved by a program, (e.g. "To enable persons served to obtain stable competitive employment").

Process Review - The evaluation of an organization by reviewing the processes used. This includes such methods as case conferences, supervisory review of staff activities, and accreditation and certification processes.

Program - A set of services provided or made available to a defined group of clients in order to achieve a particular set of measurable objectives.

Program Evaluation (PE) - A systematic procedure for regularly determining the results achieved by persons following the provision of services, and determining the efficiency with which those results are obtained on a regular basis.

Program Goal Statements - Are more specific than the mission statements and describe for each of the programs the kinds of services provided, who is served, and the kinds of results to be achieved.

Program Structure - A way of organizing an agency into programs which will be subjected to evaluation.

RSC - The Ohio Rehabilitation Services Commission.

Scope - What is to be covered by the evaluation system. Variables include programs, services, individual staff, which programs will be covered, and to what depth they will be evaluated.

Service - A series of activities provided to facilitate the accomplishment of an objective.

Weighted Index Score - Individual index score multiplied by the relative weight. The sum of all weighted index scores equals the total index score for a program.

Weights - The relative importance of the objectives to be achieved by each program. Weights are expressed as percentages and should total 100% for each program.

Chapter II

Methods and Procedures

Approach¹

Quadco Rehabilitation Center in consortium with fourteen other rehabilitation facilities in Ohio participated in this program evaluation project. The first twelve (12) month phase of the grant was to develop and implement an evaluation system in these facilities. Beyond the first year, each facility continued independently to further refine and develop their internal program evaluation systems. RSC's Facility Program Evaluation Specialist provided on-going technical assistance to these facilities as well as others which were in the process of developing such systems.

During the project year, Quadco served as the grantee and was responsible for fiscal activities related to the project. In addition, Quadco was responsible for assisting with the actual installation of the systems in each of the facilities and for collecting program information and statistical data from same. A final report of the first project year was prepared by Quadco. Quadco contracted with Evaluation Systems of Minneapolis, Minnesota (Robert Walker and Associates) for consultation services on developing and installing program evaluation systems for each facility. Evaluation Systems also assisted facilities in the development of a management information system.

The aforementioned was accomplished by Robert Walker and staff coming into Ohio and working with facilities on a small group (3-5) and individual basis for a minimum of two (2) initial visits. Once the systems were developed, installed and initially implemented, Walker and staff initiated a review of the systems with the facilities (in Ohio) to address problems and concerns and answer questions that the participating facilities had. This third visit also assisted facilities in determining appropriate use of the data generated by the systems for management purposes.

¹ Taken from the original proposed grant written by RSC personnel.

The time frame for the project was as follows:

I. Pre-Project Approval - Phase I

- A. Confirmed availability of Evaluation Systems as consultant to the project
- B. Obtained commitments from facilities to participate in the project
- C. Identified certain measures which each facility was asked to incorporate into their evaluation systems. These measures were consistent with RSC's management information system. Thus, consistency on certain basic elements was maintained among participating facilities.
- D. Assured compliance of participating facilities with the guidelines and specifications for the project as established by RSC (Appendix A)

II. Phase II

Following approval of the project, the following tasks were involved in this phase:

- A. Quadco contracted with Evaluation Systems within thirty (30) days of project approval.
- B. Quadco hired a 50% time technical advisor within 60 days of project approval who carried out Quadco's project responsibilities and the liaison function with Quadco, Evaluation Systems, RSC, and the participating facilities.
- C. The initial visit from Evaluation Systems was within sixty (60) days of the project approval. At that time the first program evaluation draft was completed on site. This involved identifying mission statements, goals, services provided, clients served, objectives, measures, collection procedures, expectancies, weights, and definitions.
- D. In the interim between the first and second visits by Evaluation Systems, the facilities reviewed all materials with in-house staff and completed the necessary information for Walker and staff. The facilities then sent revised and new materials to Evaluation Systems for editing and typing.

III. Phase III

- A. The second visit involved review of the system with facilities. Advice was given on the development of source documents (Appendix D) to obtain data. Development of index score tables and reporting formats was also presented including tips on program evaluation installation strategies.
- B. After the second visit, the program evaluation systems were formalized by Evaluation Systems and presented to the facilities for installation and implementation.
- C. Approximately three (3) months after the systems were installed, Evaluation Systems came into the State to hold meetings with the participating facilities and respond to questions and concerns and provide training in management of the systems.
- D. For the remainder of the project year, the participating facilities continued to implement and refine their individual systems supported with assistance from the RSC Facility Program Evaluation Specialist and Quadco Technical Advisor. Also during this period, Quadco began to summarize the program and statistical data generated by the systems for preparation of a final project report.

Participating Facilities

Cleveland - Northeast Ohio Area

1. Vocational Guidance and Rehabilitation Services
2. Ashtabula Goodwill Industries
3. Cleveland Society for the Blind
4. Hillside Hospital
5. Murry Ridge Adult Services

Toledo - Northwest Ohio Area

1. Quadco Rehabilitation Center
2. Toledo Goodwill Industries
3. Betty Jane Rehabilitation Center
4. Akron Goodwill Industries
5. Marymount Rehabilitation Center

Columbus - Cincinnati Area

1. Cincinnati Association for the Blind
2. Jewish Vocational Service
3. Dayton Goodwill Industries
4. Columbus Goodwill Industries
5. Woodlane Sheltered Industries

Data Collection Procedure

Data collection for the final report was accomplished by the review of participating facilities program evaluation and management information system reports as well as a questionnaire (Appendix B). It was first anticipated that data from the program evaluation and management information system reports could be used to verify expected benefits (such as increased facility effectiveness and efficiency). This expectation proved to be false. Firstly, data would need to be accurately collected and analyzed for a one year period. There was not sufficient time to do that since the project period was one year and it took facilities no less than three months to design and implement their program evaluation system after the start of the project year. Secondly, the initial program evaluation and management information system reports proved to be incomplete and inaccurate. This was due mainly to the inexperience of facilities in doing this type of data gathering and reporting. Thirdly, it was also decided to discontinue the management information system report before the end of the project period. This discontinuance, as well as the inaccuracy and incomplete program evaluation reports, led to the design and use of a program evaluation participant questionnaire (Appendix B).

The questionnaire was designed with the intent of determining facility opinions regarding:

1. The benefits derived by the use of a program evaluation system
2. The extent of commonality regarding various program evaluation issues, implementation difficulties, and so forth
3. The degree to which participants learned sufficient knowledge about program evaluation to be self-reliant in the future
4. Suggestions for improving a second, similar program evaluation project

This questionnaire was mailed to the executive director and the person responsible for the daily administration of the program evaluation system in each facility at the conclusion of the project period.

Data Analysis

Data analysis took the form of three arithmetic means for each questionnaire item. First was the mean response for executive directors. Second was the mean response for the daily administrators. Third was the mean response for the executive directors and daily administrators as one composite group.

Chapter III

Results

Questionnaire Results and Conclusions

Table III-1 is a summary of the questionnaires returned

Table III-1

Summary of Questionnaires Returned

	Executive Directors	Daily Administrators	Totals
Number Sent	16	15	31
Number Returned	13	11	24
Percent Returned	81%	73%	77%

As Table III-1 illustrates, not all questionnaires were completed and returned even after a follow-up letter was sent. The questionnaire was the primary information source in the data collection for the final report.

When reviewing the following information drawn from a summary of the questionnaire items, it should be kept in mind that responses ranged from 1 to 5 (See scale below) for the great majority of items. Therefore, the average numeric response given for each item was not representative of all respondent's opinions. Responses for some items also tended to be bi-modal (it elicited both strongly agree and strongly disagree responses). The numeric average response of these items would not be completely accurate and these items were identified as bi-modal. It must also be kept in mind that because the use of program evaluation systems was so new, results can only be considered valid for this point in time.

The tables used to report questionnaire results will use the following scale:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Undecided
- 4 - Agree
- 5 - Strongly Agree

The abbreviation PE was also used for program evaluation in the questionnaire.

Table III-2 indicated that the program evaluation systems were generally understood and were (will be) a useful management tool. It seems that executive directors were undecided whether their program evaluation system were being used now. Program evaluation systems were seen as important, but facilities were not strong in their ability to use the information contained in the management report. There was weak agreement that management reports can be misunderstood by persons not intimately familiar with their facilities. Facilities were unsure when program evaluation will become an important part of their management process. There seemed to be slight dissatisfaction with present facility program evaluation systems and weak agreement that changes were needed, but there seemed to be no consensus regarding when those changes need to take place. Facilities were undecided about whether they were satisfied with their internal data collection system. Executive directors, especially, were undecided whether their program evaluation systems had been "worth it" above and beyond meeting the CARF requirement.

Table III-2

Summary of Understanding and Acceptance of Program Evaluation Systems

Item No.	Item	Executive Directors	Daily Administrators	Average
1	You completely understand your own PE system	4.31	3.91	4.13
2	PE is (will be) a useful management tool	4.15	4.45	4.29
3*	PE as a management tool is <u>not</u> now being used	3.08	3.90	3.43
4	PE will <u>never</u> become an important part of your facility	1.62	2.09	1.83
5	You know how to "use" the information contained in your PE management report	3.92	3.45	3.71
6	PE management reports can be easily misunderstood by persons not intimately familiar with your facility.	3.67	3.45	3.57
7*	Another year will elapse before PE will become an important part of your facility	3.69	3.09	3.42

*Bi-Modal

Table III-2 cont'd.

Item No.	Item	Executive Directors	Daily Administrators	Average
8	You are satisfied with your present PE system	3.08	2.55	2.83
9	Changes will be needed in your PE system within the next:			
	A. 3 months	2.30	3.89	3.05
	B. 6 months	3.27	3.33	3.30
	C. 1 year	3.82	4.00	3.89
	D. 2 years	3.30	3.86	3.53
10	You are satisfied with the PE data collection system <u>within</u> your facility.	3.00	3.09	3.04
11	Designing and installing your PE system has <u>not</u> been "worth it" above and beyond meeting the CARF requirement	2.92	2.09	2.54

The above data seemed to suggest that while there was general agreement that personnel understand program evaluation systems, these systems were not now being used effectively. It appeared that especially the executive directors were not satisfied with the present status of their systems and were not sure when future modifications were needed. This was especially evident from items 8 through 11. This conclusion could be influenced by the fact that the present program evaluation systems were not a source of reliable information due to the length of time it has taken to collect and validate baseline data for each objective. This data seemed to indicate that continued support services need to be available to these facilities beyond the project period.

Table III-3 suggested weak agreement that the amount of time it took to design, implement, and maintain their program evaluation systems did not significantly detract from providing services to clients. Also, the cost of maintaining and using their program evaluation systems did not result in a significant increase in cost.

Table III-3

Summary of Facility Time and Effort

Item No.	Item	Executive Directors	Daily Administrators	Average
12	The amount of time it took to design and implement your PE system did not significantly detract from providing services to clients	3.15	3.18	3.17
13	The amount of time necessary to effectively maintain your PE system will <u>not</u> significantly detract from providing services to clients	3.38	3.64	3.50
14	The cost of maintaining and using (Note: <u>Not</u> designing and implementing) your PE system has resulted in a significant increase in cost to your facility	2.62	2.27	2.46

In conclusion, program evaluation systems received weak agreement regarding cost-effectiveness. This seems to indicate that program evaluation systems will not place demands upon facilities for additional personnel or administrative cost.

According to Table III-4, program evaluation systems were only marginally useful in providing information for public relations, but tended to enhance client oriented communication between client services and administrative staff, especially for the daily administrators. Executive directors tended to be undecided about the adequacy of their program evaluation systems to measure client's vocational outcomes while the daily administrators agreed that their system functioned adequately in this respect.

Table III-4

Summary of Public Relations Client Oriented Communications and Vocational Benefits

Item No.	Item	Executive Directors	Daily Administrators	Average
15	Your PE system has provided you with information that has been useful in public relations	2.85	3.30	3.04
16	Your PE system will enhance the client oriented communication between client services and administrative staff.	3.54	3.73	3.63

Table III-4 cont'd.

Item No.	Item	Executive Directors	Daily Administrators	Average
17	Your PE system adequately measures the vocational benefits derived by clients terminating from your programs	3.00	3.73	3.33

If executive directors want their program evaluation systems to play a larger role in public relations, either the system must be changed to collect data more useful in public relations or the data presently collected utilized more effectively. Since there was a discrepancy between the executive directors and daily administrators regarding the adequacy of measuring a client's vocational benefits, perhaps they should jointly decide what vocational benefits are appropriate (taking into consideration the benefits RSC expects clients to achieve) and design the program evaluation system to reflect these.

As seen in Table III-5, program evaluation systems helped facilities, especially the daily administrators, come to a more clear understanding of three key areas: Goal(s) of each program, objectives of each program, and the relative importance of each objective in each program. Facilities can distinguish between a service and a program. Also, facilities were in weak agreement to install (or could install) program evaluation systems in non-client service areas.

Table III-5

Summary of Facility/Program Elements Clarification Due to Program Evaluation

Item No.	Item	Executive Directors	Daily Administrators	Average
19	Your PE system has helped your facility come to a more clear understanding of the:			
	A. Agencies, governing bodies, and so forth that influence your facility	2.77	2.45	2.63
	B. Mission(s) of your facility. . .	3.23	3.00	3.13
	C. Admission criteria for your facility	3.23	2.91	3.08
	D. Goal(s) of each program	3.54	3.82	3.67
	E. Admission criteria for each program	3.31	3.55	3.42

Table III-5 cont'd.

Item No.	Item	Executive Directors	Daily Administrators	Average
	F. Services offered in each program	3.46	3.09	3.29
	G. Clients served in each program	3.54	3.27	3.42
	H. Objectives of each program	3.23	4.00	3.58
	I. The relative weight of each objective in each program	3.15	3.91	3.50
20	You do <u>not</u> have a clear understanding of the difference between a service and a program	1.69	1.55	1.63
21	Since installing a PE system in relation to your client service programs, you can (are going to develop) similar systems of accountability in other aspects of your program (such as production)	3.54	3.45	3.50

This data helped document one of the advantages of a program evaluation system by its proponents; that is, a clarification of program goals and objectives within the facility. This clarification should promote greater unity of effort at clearly recognized goals. Similar systems of accountability in non-client service areas have not yet been designed.

Table III-6 suggested strong agreement that local RSC staff need to be better informed about program evaluation and their integral role in its effectiveness. One of the reasons for this conclusion was that local RSC staff were not providing sufficient feedback to facilities regarding client outcomes. Facilities believed that two ways to achieve better client outcome communication with local RSC was for central RSC to strongly support this type of communication and, secondly, for a local RSC representative to attend all workshops to maximize their understanding and support of program evaluation. Facilities also suggested that a pre-workshop orientation to program evaluation would have been helpful to their design of their program evaluation systems.

Table III-6

Summary of RSC's Suggested Involvement in Program Evaluation

Item No.	Item	Executive Directors	Daily Administrators	Average
22	Local RSC staff need to be better informed about PE and their integral role in its effectiveness . .	4.08	4.45	4.25
23	Local RSC staff are providing sufficient feedback regarding client outcomes	2.62	3.00	2.79
24*	The only way local RSC staff will effectively cooperate with your facility to collect information necessary for the PE system is to have central RSC staff strongly support that cooperation	3.62	3.91	3.75
25	One local RSC staff should attend all PE workshops with each facility so their understanding of PE and their cooperation with it will be maximized.	4.15	3.82	4.00
26*	An orientation workshop to PE would have been helpful before attending the workshops where your PE system was designed	3.77	3.55	3.67

*Bi-Modal

The above table suggested that facilities believe RSC (State wide) has not made a strong enough commitment to program evaluation. To date, there seemed to be insufficient or untimely client results data for management decision making. It seemed that central RSC needs to determine how it can best positively influence this cooperative facility - local RSC relationship regarding client outcome feedback. Lastly, an orientation workshop will be held prior to the second program evaluation grant.

As indicated by Table III-7, facilities generally agreed that their program evaluation systems will increase their efficiency and effectiveness. There was no agreement that RSC will be able to rehabilitate more persons, particularly the severely disabled and other priority groups, by installing and using a program evaluation system at this point in their system's development. There was little support for the idea that facility's program evaluation will enable success to be achieved with a greater number and greater proportion of persons they serve. Facilities were undecided about their program evaluation system's being able to allow RSC to more

accurately and fairly assess their program and client outcomes, to substantially decrease their cost-per-client, to substantially increase the number of employed clients, and to reduce the average length of time of service provision.

Table III-7

Summary of Program Evaluation System Benefits

Item No.	Item	Executive Directors	Daily Administrators	Average
18	Your PE system will increase the efficiency and effectiveness of your facility	3.62	3.91	3.75
27	RSC will be able to rehabilitate more persons, particularly the severely disabled and other priority groups, when agencies serving these groups install and use a PE system .	3.08	2.82	2.96
28	Your PE system will enable your facility to achieve success with a greater number and greater proportion of persons you serve.	3.23	3.64	3.42
29	Your PE system will allow RSC to more accurately and fairly assess your program and client outcomes . .	3.31	3.00	3.17
30	Your PE system will substantially decrease your cost-per-client (23% in 3 years).	2.77	2.73	2.75
31	Your PE system will substantially increase the number of clients you place in employment (5% in the first year, 18% in three years).	2.77	2.82	2.79
32	Your PE system will enable you to reduce the average length of time during which services are provided in order to achieve significant results.	3.08	3.36	3.21

After the above data has been reviewed, it becomes evident that facilities were unsure how their program evaluation systems were going to impact upon their programs, services, and clients. This opinion, while not encouraging especially to clients and RSC, could have been expected since program evaluation systems were not yet seen as accurate and reliable by facilities. This data suggested that these facilities needed continued support focused on the use of program evaluation systems to achieve the above stated benefits.

Facilities, according to Table III-8, were not strongly considering computerizing its program evaluation system within the next two years. There was little support to continue the regional team meetings where facilities share ideas and information and find solutions to common problems. There was moderate agreement, especially with the daily administrators, that Evaluation Systems' personnel provided satisfactory training, information, and support. Facilities agreed that their relationship with Evaluation Systems' personnel was satisfactory. Satisfactory support was also provided by RSC's program evaluation specialist and the project's technical advisor. The elimination of RSC's management information system did not have a negative effect upon facility's program evaluation systems.

Table III-8

Summary of General Project Information

Item No.	Item	Executive Director	Daily Administrators	Average
33	Your facility will want to computerize its PE system within two years .	3.54	3.45	3.50
34	The regional team meetings should be continued indefinitely	2.77	3.55	3.13
35	Satisfactory training, information, and support was provided by Evaluation Systems' personnel.	3.38	3.82	3.58
36	Satisfactory support was provided by Earl Payne and Keith Frank. . . .	4.08	3.85	3.92
37	Your relationship with Evaluation Systems' personnel was satisfactory.	3.85	4.36	4.08
38	The elimination of RSC's management information system (MIS) will <u>not</u> have a negative effect on your PE system	3.92	4.18	4.04

It was concluded that facilities need more one-to-one support than was available during the grant period. RSC's management information system did much to cause confusion, extra work, and a dual design and implementation task. Its discontinuance should promote more one-on-one interaction with instructional personnel with everyones' effort concentrated on program evaluation systems during the second program evaluation project. This thought was, in part, reinforced by facilities' response to item 38. Facilities' suggestions to improve subsequent workshops have been taken into consideration for the second program evaluation project.

Table III-9 used the following rating scale:

- 1 - No proficiency
- 2 - Minimal proficiency
- 3 - Do with assistance
- 4 - Do without assistance in most cases
- 5 - Do without assistance or references

This scale was used to rate the person filling out the questionnaire first on his present ability, and then on his desired ability. The rate of their present ability (say 3) was subtracted from the rate of their desired ability (say 5) to get a training deficit of 2. This training deficit was that number listed in Table III-9.

As given in Table III-9, there were no program evaluation system elements that received a training deficit of more than 1.00. Executive directors had the largest training deficits. This may be due to the fact that many executive directors did not work as closely with the program evaluation systems after the systems' development as did the daily administrators, and, consequently, did not become as well acquainted with the system. It appeared that the largest training deficits were in primary objectives, measures, obtained by, relative weights, and index score/program point tables.

Table III-9

Summary of Present and Desired Ability Regarding Program Evaluation System Elements

Item No.	Item	Executive Director	Daily Administrators	Average
39	Influencers	.38	.55	.46
40	Mission statement	.23	.30	.26
41	Facility admission criteria	.31	.30	.30
42	Program goal statements	.62	.22	.45
43	Program admission criteria	.54	.40	.48
44	Services provided in each program .	.31	.10	.22
45	Clients served in each program. . .	.46	.30	.39
46	Primary objectives.	.85	.20	.57
47	Measures	1.00	.30	.70
48	Who applied to.	.62	.10	.39
49	Time of measure	.77	.10	.48
50	Data source	.46	.00	.26

Table III-9 cont'd.

Item No.	Item	Executive Directors	Daily Administrators	Average
51	Obtained by	.46	.00	.26
52	Expectancies.	.85	.30	.61
53	Relative weights.	.92	.20	.61
54	Client descriptors.	.54	.00	.30
55	Supplementals	.85	.10	.52
56	Definitions	.54	.00	.30
57	Index score/program point tables. .	.69	.40	.57
	Average training deficits	.60	.20	.43

The data again suggested that these facilities need continued support with their program evaluation systems. It was also apparent that our consultant, Evaluation Systems, did a very good job of instruction and support. Many of these training deficits should be reduced as program evaluation systems become more and more an integral part of each facility.

Table III-10 states that executive directors tended to estimate higher (by 2.6 hours) the amount of time it takes to complete a management report than the daily administrators. It was also indicated that the majority of questionnaire responders (17 of 24) had a definite or possible need for consultant help.

Table III-10

Summary of Time For Management Report and Consultant Help Requirements

Item No.	Item	Executive Directors	Daily Administrators	Average
58	How many hours does it require for you to complete a monthly (quarterly) PE management report	10.2 hrs	7.6 hrs	8.82 hrs
59	If you are planning to make changes in your PE system, will you need consultant help			Totals
	Yes	3	1	4
	No	4	3	7
	Maybe	6	7	13

The above table suggested that facilities were not sure of their ability to make the necessary future changes in their program evaluation systems. This conclusion

seemed to be inconsistent with the training deficits in Table III-9. It was possible, however, for the training deficits to be very small (with facility personnel as knowledgeable about program evaluation as they wanted to be) and still be unsure whether this amount of knowledge would be sufficient when significant system changes were anticipated.

Discontinuance of the Management Information System

The intended purpose of the management information system was to provide RSC with quarterly data regarding the effectiveness and efficiency of facility vocational rehabilitation programs. The following was a representative sample of real or anticipated facility problems regarding the installation and use of the management information system (MIS):

1. Disagreement about definitions of commonly used terms was frequent initially.
2. The RSC personnel could easily misinterpret MIS reports.
3. Comparing facility MIS reports with each other would be like comparing apples and oranges since programs were all different.
4. The ground rules to be used for the MIS report were designed with an RSC bias and, unless the facility wanted to try to follow a dual set of ground rules (one for program evaluation and one for MIS), the MIS ground rules were resistively adopted for the program evaluation systems.
5. The cost of preparing MIS reports was considered significant.
6. Some facilities would prefer not to share program and cost information with RSC, especially if this information could have a negative effect upon future funding, grant approvals, and so forth.
7. Facilities wanted RSC assurances that incurred costs could be passed on in client service fees.
8. It was difficult, especially for those agencies serving the blind, to have common client training goals.
9. Facilities had one very important unanswered question, "What was RSC going

to do with this information (decrease their financial support)?"

10. Non-RSC clients would not be counted in MIS reports. This would prevent RSC from knowing the total effort expended by the facility and benefits received by all clients.
11. A client's program length was difficult to standardize between facilities because of differing referral and termination procedures.
12. Facilities had problems knowing when to count a client as "no vocational benefit" because there were three variations of this guideline for different programs. This was especially true if a client's 60 day placement probation period ended after the "no vocational benefit" cut-off date.
13. The responsibility to complete quarterly MIS reports was given to facilities, but when facilities tried to collect needed client information from local RSC personnel, cooperation was, in many cases, inadequate. Local RSC personnel was given no responsibility to cooperate with facilities.

In March, 1977, RSC's Department of Research, Planning and Development decided to discontinue the management information system because mutual (RSC and facility) benefits were not being realized.

Common Facility Problems Regarding Program Evaluation System Development

The following was a list of common problems experienced by facilities during the grant period:

1. Facilities needed help to make adjustments in their program evaluation systems after the first year of operation.
2. A high turnover rate of facility personnel with administrative responsibilities for program evaluation can cripple the installation effort, especially if there was only one knowledgeable person involved in the system.
3. The design and implementation phases of the project took a very significant amount of staff time and effort, and required a leader with sufficient authority.

4. Getting the cooperation of local RSC personnel to provide client outcome results was often difficult. The responsibility to establish this communication was clearly placed upon the local facility with no certainty of cooperation on part of the local RSC office.
5. Each facility had its own definition connotations for specific terms. It was very difficult to attain unanimous agreement.
6. Facilities wanted RSC assurances that incurred costs could be passed on to RSC in client fees.
7. It was not often clear to some facilities when job placement was a service or a program.
8. Program evaluation required intense client follow-up. Some facilities had reservations, initially, about being able to do this effectively due to cost and personnel shortages. This problem was aggravated by the non-cooperation of some local RSC offices.
9. The design of source documents and internal data collection systems seemed to be difficult, time consuming, and inefficient.
10. The discontinuance of the management information system required facilities to re-think definitions and guidelines that were previously required.
11. Facilities needed to make in-house ground rules for all programs.
12. Facility staff needed inservice training to orient them to program evaluation concepts, procedures, report formats, and report interpretations. Staff often resisted program evaluation because of their dislike of being held accountable for client outcomes.
13. The completion of source documents by facility staff was seen as additional unwanted paper work.
14. Often entire data collection and reporting systems were reorganized in order that individual systems be complimentary.
15. The management style of administrators often required a reorientation towards decision making based upon more objective data.

16. Staff often disagreed about which program should receive the credit for a client's achieving a vocational benefit.

Advantages and Disadvantages of Program Evaluation Systems to the Ohio Rehabilitation Services Commission, Vocational Rehabilitation Facilities and Clients

At this point in the Final Report, it seemed apparent that for RSC, facilities, and clients there were both advantages and disadvantages in the design, implementation, and use of program evaluation systems. The following was a partial list:

RSC

Advantages:

1. Program evaluation was client outcome oriented.
2. Program evaluation was dependent upon RSC's cooperation. RSC was integral to the system and, therefore, can influence it.
3. In work evaluation programs, RSC had the final determination whether the facility was providing valid services.
4. Program evaluation stressed client outcome accountability in terms of effectiveness and efficiency. These were consistent with RSC's desire to close clients with quality vocational benefits economically.
5. Program evaluation standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) specify that facility program evaluation information needed to be shared with funding sources. This promoted client oriented information flow between agencies.
6. CARF's program evaluation standards seemed to be written with a bias towards state vocational rehabilitation agencies.

Disadvantages:

1. If facilities did not have sufficient client services staff, the additional time it required to complete the source documents will, at least initially, detract from client-staff interaction time.
2. The sharing of program evaluation results data promoted facility paranoia towards RSC.

3. A program evaluation system caused additional financial administrative burden upon a facility and, consequently, the possibility of greater service cost to RSC.
4. Program evaluation systems required RSC to make interpretations of facility management reports consistent with that facility's unique mission, clients, stage of growth, strengths, weaknesses, and so forth.

Facility

Advantages:

1. Having an approved program evaluation system enabled facilities to meet CARF's Section 9 standards.
2. The management reports gave client outcome and program results regarding efficiency and effectiveness.
3. A program evaluation system gave direction to a facility and its staff.
4. Program evaluation systems facilitated the process of facilities periodically reviewing its funding sources, clients served, admission criteria, services and programs provided, program goals and objectives, and so forth.
5. Management reports provided one tool that can be used to enhance client oriented communication between administrative and service staff.
6. A program evaluation system was used as an accountability tool to verify client/program goals and accomplishments to other agencies, interest groups, state personnel, and so forth.
7. A program evaluation system promoted administrative monitoring and feedback so that program direction can be applied on a timely basis.
8. A program evaluation system was used to increase the effectiveness and efficiency of the total facility.
9. Program evaluation was an objective management tool.
10. A program evaluation system was used to unify all facility staff regarding facility goals and objectives.

11. Management reports indicated client outcome results like it was - positive or negative.

Disadvantages:

1. Having a program evaluation system created a need to be able to provide the "know how" to change systems as programs change. This was particularly difficult due to personnel changes within facilities and the lack of knowledgeable consultants because of the newness of program evaluation.
2. Program evaluation systems increased the work load of those staff involved in client service provision or administration.
3. A program evaluation system caused inter-program hostility and disadvantageous competition.
4. Program evaluation was a new management tool that facility administrators didn't know how to use.
5. A program evaluation system tended to reinforce facility/program/staff paranoia.
6. Facility staff were uneasy being held accountable for specific client outcomes. They mentally fixated on "process" difficulties and used them as reasons for low (or no) positive client outcomes.
7. Management reports can be misinterpreted by funding agencies, and so forth.
8. This type of results-information must be interpreted within the framework of the on-going personnel changes, and so forth of a facility.
9. Initial design and implementation of program evaluation systems was very demanding in terms of time and effort.
10. Management reports did not necessarily provide information to managers that told them how to get better program results or why the program was functioning as it was. Its function was to tell the manager what benefits clients were (were not) receiving following provision of services.

11. Program evaluation must be important to the highest administrative staff in order to be effective.
12. The program evaluation system must be used or it will become an ineffective management tool.

Clients

Advantages:

1. Program evaluation emphasized the provision of high quality services in the shortest length of time.
2. A client's supervisors were being rewarded most for high quality client outcomes (competitive employment and further training). This effected his own self expectancies and goals.
3. High quality outcomes were based upon effective, efficient training programs which, for the client, means benefits received. These benefits must, by definition, extend beyond the duration of the training program.

Disadvantages:

1. Initial installation time was significant. During this period staff time available for client training decreased.

Chapter IV

RECOMMENDATIONS

1. Continued support services be given to participating facilities beyond the project year. Specific areas of support would include:
 - A. Effective use of management report data to obtain specific results
 - B. How and when to make changes in program evaluation systems
 - C. Making data collection systems more efficient
2. Central RSC needs to make a policy level commitment to program evaluation that includes shared responsibility for its functioning. Until local RSC staff support the data collection efforts of facility staff, the validity of management report information is highly questionable and, therefore, useless in decision making.
3. An orientation to program evaluation needs to be made available to participants of the second program evaluation project before the project starts.
4. Local and area RSC staff need to attend the program evaluation system design workshops held by Evaluation Systems in the second project to promote their appreciation for, cooperation with, and role in facility program evaluation systems.
5. RSC needs to consider funding a second program evaluation project that will:
 - A. Develop first generation systems in more facilities
 - B. Provide support services to all first project facilities
 - C. Design model second generation systems in specified facilities
 - D. Design a model computerized system
 - E. Determine more accurately the extent to which a program evaluation system increases facility effectiveness and efficiency

APPENDIX A

Guidelines and Specifications for the Program Evaluation
Project of the Ohio Rehabilitation Services Commission

Guidelines & Specifications for the Program Evaluation Project
of the
Ohio Rehabilitation Services Commission

A. Who Will Participate in the Project

1. The Program Evaluation Project will include 15 rehabilitation facilities in Ohio that are utilized through fee for service or contracts with the Ohio Rehabilitation Services Commission (RSC).
2. The project will be limited to the vocational programs within these facilities which are funded by RSC. The project will not include non-vocational programs such as speech, hearing or physical restoration. Nor will systems be developed for vocational programs serving other referral sources.
3. Each facility participating in the project must designate one person who will be responsible for the administration and supervision of the evaluation system and has sufficient administrative authority to carry out the purposes of the project.
4. The State agency will assign Earl J. Payne to represent the State agency in policy matters regarding program evaluation and to coordinate State agency involvement in the development of the evaluation systems and utilization of the performance information that will be generated.
5. Each participating facility executive director and/or designate must be prepared to allocate sufficient amount of time for the initial development of their program evaluation system.
6. Facility staff who directly participate in the workshop sessions which will develop the evaluation systems should

consist of the Executive Director and one other individual who is thoroughly familiar with the operations of the service programs.

7. Each facility is expected to provide developmental staff of the project with background material describing the facilities service program.

B. Purpose of the Evaluation System, Potential Benefits

1. The evaluation systems will be developed for the primary purpose of assisting both the facilities and the state rehabilitation agency to better achieve their goals. While the goals of the facilities and the State Agency may not all be identical they cannot be directly opposed to each other. The ultimate value of the Program Evaluation Project will be the extent to which all goals are better achieved.
2. More specifically, the following benefits should result:
 - a. The effectiveness and efficiency of facilities should improve,
 - b. Facilities should be enabled to achieve success with a greater number and greater proportion of persons they serve,
 - c. The average length of time during which services are provided in order to achieve significant results should be reduced,
 - d. Participating facilities will acquire a potentially useful management tool and hopefully will be able to extend program evaluation into other areas of their organization.

- e. The State Agency should be able to rehabilitate more people, particularly the severely disabled and other priority groups,
- f. The State Agency should be able to more accurately and fairly assess the programs of the participating facilities.

C. Major Standards Which the Evaluation Systems Developed Will Meet

- 1. Each program evaluation system developed will meet the Section 9 standards of the Commission on Accreditation of Rehabilitation Facilities, CARF. (Revised as of December 1975.)
- 2. Each system developed must be useful to and usable by the facilities.
- 3. The cost of maintaining the evaluation systems developed and of obtaining and processing the performance information will be kept to a minimum and should not result in a significant increase in the costs to each facility.
- 4. Each facility will bear its own costs during the development and installation phases of the project. This would include administrative and staff time, some limited travel to training sessions and related per diem costs. The project will provide all necessary technical training and consultation to the participating facilities.
- 5. The evaluation systems will enable judgements to be made regarding programs that will differ in terms of their objectives, kinds of persons served (e.g. severely disabled), specific services provided and the nature of the communities or environment in which they operate

(e.g. unemployment rate). The systems will be responsive to these differences between facilities.

6. Each facility is expected to report those data elements contained in the management information system.

D. Content of the Evaluation Systems

1. The major categories of measures in the evaluation systems will determine:
 - a. Who is served in each program.
 - b. The benefits obtained (program effectiveness),
 - c. The efficiency with which those benefits are obtained.
2. Each evaluation system developed will include the following elements:
 - a. Organization mission or purpose statement
 - b. Program definitions. Evaluation will be developed at the program level rather than total organization or specific service or client level. Program data can be combined to represent total performance.
 - c. Program goal statements
 - d. Primary objectives
 - e. Measures for each objective
 - f. Specification of who the measures are applied to, when the measures are taken, procedures for insuring accuracy of data
 - g. Performance expectancies, to enable comparing actual performance data to pre-defined expected or desired levels of performance
 - h. Relative weights for all objectives, indicating the relative importance of the objectives

1. Key characteristics of persons served (client descriptors) would also be monitored to facilitate interpretation of results achieved.
- j. Management reports
- k. Source documents for obtaining needed data
1. Systematic review mechanism for the evaluation system to regularly assess its relevance and utility
- m. Supplemental information, while not part of the formal goals and objectives, that is helpful in managing the programs, e.g. proportion of program capacity used, size of waiting list, job placement activity, etc.
- n. Admission Criteria
3. The benefit or results measures, for the most part, will be applied to clients following the provision of services. The focus of the system will be on who is served and the results achieved. It will not be concerned with the program process (e.g. volume, type or nature of services provided), although the evaluation system should be integrated and compatible with the organization's management information system which may monitor such activities.
4. Each participating facility will need to use common definitions for the types of programs which they provide to RSC as follows:
 - a. Competitive Employment Program
 - (1) The purpose of the referral is to improve the employability of the client.

- (2) The services are designed to improve or correct behaviors which help people get or keep jobs.
- (3) The most desirable outcome is full-time competitive employment.

b. Sheltered Work Environment Program:

- (1) The referring counselor has already judged that the client is not competitively employable and that services are not provided to enable the client to obtain competitive employment.
- (2) The services are designed to increase the productivity and earnings of the person within the sheltered work program.
- (3) The most frequent outcome is an increase of earnings within the sheltered work program. Some, but relatively few clients may leave the program and obtain some higher level of benefit. (Competitive employment.)

c. Occupational Skill Training Program:

- (1) The referring counselor is sending the client to the program to acquire occupational skills needed to perform a specific job.
- (2) The acquisition of job skills is the focus of services. No deliberate attempt is made to otherwise change the behavior of the client (e.g., improve work habits).
- (3) Employment in a training related occupation is the most important measure used to ascertain benefits.

d. Vocational Information Program:

- (1) At the time of referral, the counselor wants information only to decide if the client is feasible and/or what kinds of services the client needs from the State agency or any other type of community resource.
- (2) No deliberate attempt is made to change the behavior of the client while in the program.
- (3) A written report of the findings and recommendations is submitted to the referring counselor. If the client does start another program at the same facility there is always a period of time between the information service and start of other facility services.
- (4) The purpose of the information program is NOT to screen people for possible admittance to another facility program NOR to identify specific problems which will be treated in another program within the facility. (In these instances, the INFORMATION-EVALUATION SERVICE is considered the first service in a sequence of services and not an information program.)

Participating facilities can further define programs under this basic structure such as sources of referral, types of clients, etc.

5. All facilities are expected to have the objective of competitive employment (if it is appropriate for a given program) as a separate objective.

6. The definition of competitive employment used will be:
A minimum of 30 hours per week, unsubsidized, permanent,
paying at least the minimum wage.
7. The stability of employment and all other benefit
categories involving a status 26 will be measured at
the end of 60 days within that category.
8. Stability of competitive employment requires that the
client be employed for 60 consecutive days (these days
need not be with the same employer).
9. Each client must enter or complete a benefit category
within 90 days after the billing date for reimbursement
of services.
10. Measurement of earnings (e.g., competitive employment,
subsidized wages, etc.) must use gross weekly earnings
of the last week of the 60 day period.
11. The highest single weight in the evaluation system should
be on the objective of competitive employment.
12. Facilities are expected to measure the degree to which all
Status 26 categories are achieved.
13. Facilities can take credit for benefits which are
predicted to take place in the future in the following
categories:
 - a. Occupational Skill Training: The client has been
officially accepted for institutional skill training.
The training is approved by RSC.
 - b. On-the-Job Training: The client has been officially
accepted for an OJT program approved by or meeting
the standards of RSC.

- c. Other Status 26 Training: The client has been officially accepted for training for unpaid family worker, homemaker, self-employment or small business enterprises. The training is approved by RSC.
14. Each facility can select those client descriptors which they feel best reflects goal severity and barriers to goal achievement.
 15. The facility can develop any other objectives other than those mentioned provided they are consistent with the services provided and the types of clients served.
 16. The facilities can measure efficiency in any manner they wish provided that the purpose of the measure is to reduce per person costs.
 17. Once developed, substantive changes or revisions in the evaluation system should be discussed with State Agency Personnel.
 18. To insure uniformity and accuracy of data reported, program evaluation data will be subject to review by the Project Director and the State Agency.
- E. Utilization of Performance Data Generated
1. Program evaluation data will be provided monthly to the State Agency. While it is not the intent of the project that program evaluation data will be used to increase or decrease the level of a facility's funding it is reasonable to expect that those facilities showing consistent effectiveness and efficiency would be favorably considered should increased resources become available to the State Agency.

2. Performance reports which summarize data on each program's effectiveness and efficiency will be made available regularly to facility administration, staff and Board, to appropriate State Agency staff, and to the Project Director.
3. Facilities may be provided information on the performance of other facilities in order that they may compare themselves to others, but the identities of the individual facilities will not be revealed unless the facilities have given written permission.
4. Program evaluation information will be used by the State Agency and the Project Director to identify problems common to several facilities or unique problems. To the extent possible, the State Agency and the Project Director will provide technical assistance in order to help facilities improve their performance.

APPENDIX B

Program Evaluation Participant Questionnaire

PROGRAM EVALUATION PARTICIPANT QUESTIONNAIRE

Please use the following rating scale to respond to the items listed below by marking an "X" through the appropriate response.

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Undecided
- 4 - Agree
- 5 - Strongly Agree

Note: Program evaluation has been abbreviated PE throughout this questionnaire.

NO.	ITEM	SD	D	U	A	SA
1.	You completely understand your own PE system.....	1	2	3	4	5
2.	PE is (will be) a useful management tool.....	1	2	3	4	5
3.	PE as a management tool is <u>not</u> now being used.....	1	2	3	4	5
4.	PE will <u>never</u> become an important part of your facility.....	1	2	3	4	5
5.	You know how to "use" the information contained in your PE management report.....	1	2	3	4	5
6.	PE management reports can be easily misunderstood by persons not intimately familiar with your facility..	1	2	3	4	5
7.	Another year will elapse before PE will become an important part of your facility.....	1	2	3	4	5
8.	You are satisfied with your present PE system.....	1	2	3	4	5
9.	Changes will need to your PE system within the next:					
	A. 3 months.....	1	2	3	4	5
	B. 6 months.....	1	2	3	4	5
	C. 1 year.....	1	2	3	4	5
	D. 2 years.....	1	2	3	4	5
10.	You are satisfied with the PE data collection system <u>within</u> your facility.....	1	2	3	4	5
11.	Designing and installing your PE system has <u>not</u> been "worth it" above and beyond meeting the CARF requirement.....	1	2	3	4	5
12.	The amount of time it took to design and implement your PE system did <u>not</u> significantly detract from providing services to clients.....	1	2	3	4	5

NO.	ITEM	SD	D	U	A	SA
13.	The amount of time necessary to effectively <u>main- tain</u> your PE system will <u>not</u> significantly detract from providing services to clients.....	1	2	3	4	5
14.	The cost of maintaining and using (Note: <u>Not</u> de- signing and implementing) your PE system <u>has</u> re- sulted in a significant increase in cost to your facility (If A or SA, please explain on back).....	1	2	3	4	5
15.	Your PE system has provided you with information that has been useful in public relations.....	1	2	3	4	5
16.	Your PE system will enhance the client oriented com- munication between client services and administra- tive staff.....	1	2	3	4	5
17.	Your PE system adequately measures the vocational benefits derived by clients terminating from your programs.....	1	2	3	4	5
18.	Your PE system will increase the efficiency and ef- fectiveness of your facility.....	1	2	3	4	5
19.	Your PE system has helped your facility to come to a more clear understanding of the:					
	A. Agencies, governing bodies, and so forth that influence your facility.....	1	2	3	4	5
	B. Mission(s) of your facility.....	1	2	3	4	5
	C. Admission criteria for your facility.....	1	2	3	4	5
	D. Goal(s) of each program.....	1	2	3	4	5
	E. Admission criteria for each program.....	1	2	3	4	5
	F. Services offered in each program.....	1	2	3	4	5
	G. Clients served in each program.....	1	2	3	4	5
	H. Objectives of each program.....	1	2	3	4	5
	I. The relative weight of each objective in each program.....	1	2	3	4	5
20.	You do <u>not</u> have a clear understanding of the differ- ence between a service and a program.....	1	2	3	4	5

NO.	ITEM	SD	D	U	A	SA
21.	Since installing a PE system in relation to your client service programs, you can develop (are going to develop) similar systems of accountability in other aspects of your program (such as production).....	1	2	3	4	5
22.	Local RSC staff need to be better informed about PE and their integral role in its effectiveness.....	1	2	3	4	5
23.	Local RSC staff are providing sufficient feedback regarding client outcomes.....	1	2	3	4	5
24.	The only way local RSC staff will effectively co-operate with your facility to collect information necessary for the PE system is to have central RSC staff strongly support that cooperation.....	1	2	3	4	5
25.	One local RSC staff should attend all PE workshops with each facility so their understanding of PE and their cooperation with it will be maximized.....	1	2	3	4	5
26.	An orientation workshop to PE would have been helpful before attending the workshops where your PE system was designed.....	1	2	3	4	5
27.	RSC will be able to rehabilitate more persons, particularly the severely disabled and other priority groups, when agencies serving these groups install and use a PE system.....	1	2	3	4	5
28.	Your PE system will enable your facility to achieve success with a greater number and greater proportion of persons you serve.....	1	2	3	4	5
29.	Your PE system will allow RSC to more accurately and fairly assess your program and client outcomes..	1	2	3	4	5
30.	Your PE system will substantially decrease your cost-per-client (23% in 3 years).....	1	2	3	4	5
31.	Your PE system will substantially increase the number of clients you place in employment (5% in the first year, 18% in three years).....	1	2	3	4	5
32.	Your PE system will enable you to reduce the average length of time during which services are provided in order to achieve significant results.....	1	2	3	4	5

NO.	ITEM	SD	D	U	A	SA
33.	Your facility will want to computerize its PE system within two years.....	1	2	3	4	5
34.	The regional team meetings should be continued indefinitely.....	1	2	3	4	5
35.	Satisfactory training, information, and support was provided by Evaluation Systems' personnel.....	1	2	3	4	5
36.	Satisfactory support was provided by Earl Payne and Keith Frank.....	1	2	3	4	5
37.	Your relationship with Evaluation Systems' personnel was satisfactory.....	1	2	3	4	5
38.	The elimination of RSC's Management Information System (MIS) will <u>not</u> have a negative effect on your PE system.....	1	2	3	4	5

It is important for each facility having a PE system to be able to maintain and change that system consistent with CARF standards as the agency changes. Please indicate below with an "X" your Present and Desired Ability to make these changes with respect to each element of your PE system (two "X's" for each element).

NO.	ITEM	PRESENT ABILITY					DESIRED ABILITY				
		NO PROFICIENCY	MINIMAL PROFICIENCY	DO WITH ASSISTANCE	DO WITHOUT ASSISTANCE IN MOST CASES	DO WITHOUT ASSISTANCE OR REFERENCE	NO PROFICIENCY	MINIMAL PROFICIENCY	DO WITH ASSISTANCE	DO WITHOUT ASSISTANCE IN MOST CASES	DO WITHOUT ASSISTANCE OR REFERENCES
39.	Influencers.....	1	2	3	4	5	1	2	3	4	5
40.	Mission statement.....	1	2	3	4	5	1	2	3	4	5
41.	Facility admission criteria.....	1	2	3	4	5	1	2	3	4	5
42.	Program goal statements.....	1	2	3	4	5	1	2	3	4	5
43.	Program admission criteria.....	1	2	3	4	5	1	2	3	4	5
44.	Services provided in each program..	1	2	3	4	5	1	2	3	4	5
45.	Clients served in each program.....	1	2	3	4	5	1	2	3	4	5
46.	Primary objectives.....	1	2	3	4	5	1	2	3	4	5
47.	Measures.....	1	2	3	4	5	1	2	3	4	5
48.	Who applied to.....	1	2	3	4	5	1	2	3	4	5
49.	Time of measure.....	1	2	3	4	5	1	2	3	4	5
50.	Data source.....	1	2	3	4	5	1	2	3	4	5
51.	Obtained by.....	1	2	3	4	5	1	2	3	4	5
52.	Expectancies.....	1	2	3	4	5	1	2	3	4	5
53.	Relative weights.....	1	2	3	4	5	1	2	3	4	5
54.	Client descriptors.....	1	2	3	4	5	1	2	3	4	5
55.	Supplementals.....	1	2	3	4	5	1	2	3	4	5
56.	Definitions.....	1	2	3	4	5	1	2	3	4	5
57.	Index score/program point tables...	1	2	3	4	5	1	2	3	4	5

58. How many hours does it require for you to complete a monthly (quarterly) PE management report? _____
59. If you are planning to make changes in your PE system, will you need consultant help? Yes _____ No _____ Don't know at this time _____

APPENDIX C

Management Information System

MANAGEMENT INFORMATION SYSTEM

OHIO REHABILITATION FACILITIES

DECEMBER, 1976

INTRODUCTION

The following materials describe the common information that will be provided by all rehabilitation facilities serving clients from the Bureau of Vocational Rehabilitation (BVR), and the Bureau of Services for the Blind (BSB).

The data items should be compatible with and should supplement the data that will be produced by each facility's Program Evaluation System. The Program Evaluation System of each facility will be unique. The Management Information System (MIS) data will enable the state RSC to combine data across all facilities with similar programs and to make certain comparisons between facilities and their programs.

The following are general specifications for this MIS:

1. Data will only be required on programs serving RSC-sponsored clients. For programs serving both RSC and other sponsored clients, the MIS reports should include only persons from RSC.
2. Installation of the MIS will take place at the time that the Program Evaluation System is installed in each facility.
3. MIS Reports will be prepared by the facility and submitted on a quarterly basis, along with copies of the Management Reports for the quarter which are based on the Program Evaluation Systems for each facility.
4. Data will be supplied in aggregate form for the current quarter and cumulatively from the beginning of each fiscal year.
5. Each facility will be responsible for its own data collection and processing.
6. Data will be reported by type of program and in total for all programs combined. The following program types will be used:
 - (a) Work Adjustment
 - (b) Occupational Skill Training
 - (c) Job Readiness and Placement
 - (d) Vocational Evaluation, where the purpose is to provide information to the referring source.

MIS REPORTING FORM

The reporting form which follows is presented with these materials on the MIS in order to facilitate the review of the data elements. RSC definitions will apply for the terms used in the MIS. Many of these are included at the end of these materials.

Each facility would each quarter complete a set of forms similar to the attached example. The facilities would indicate the types of programs they have (to be determined at the time of the development of the Program Evaluation Systems) and summarize their data for each of their programs and in total for all programs.

The cumulative period is the total time from the beginning of the final year, including the current period. For example, if the current reporting quarter was April-June, 1977, the cumulative period would be July 1976-June 1977. The squares crossed out need not be filled in; cumulative data on those items would have little or no meaning. To calculate the cumulative data, add together the original data for all the quarters included and recalculate. For example, the cumulative number of referrals received is the total number received.

Where data is required in Total, for all programs combined, add together the original data for all programs for the current reporting quarter and for the cumulative period. Loss percentage for the Total of all programs must be calculated by dividing all losses by the sum of all starts plus all losses. Averaging the percentages for the individual programs would not take into account the different number of people involved in each program.

AREA A. REFERRAL TO ADMISSION - ALL PROGRAM TYPES

This set of data items covers the period from date of referral by RSC to the date of actual program start. Submit data for RSC clients in each program. It will be necessary that referrals are defined in the same way by each facility and that the date of referral is clearly identifiable for each client.

1. Referrals Received. The number of referrals received from RSC for which a case record has been initiated by the facility. Referral forms and/or other written materials have been received. For programs which receive some clients transferred from other programs, include these also as referrals. All referrals will ultimately be reported as starts or losses.
2. Waiting List. The number of clients have been referred who have not yet started at the end of reporting period. Those clients who have been scheduled to start in subsequent months should also be included here.
3. Losses. The number of clients who had been referred from whom it was determined that they will not start the program.

4. Program Starts. The number of clients who received any evaluation or treatment services following acceptance for services. This would include any clients who started regardless of the length of time in the program.
5. Start Lag. The average (mean) number of days between referral and program start for those clients that started, Item #4. Add an explanatory note under "Comments" if this average is misleading, perhaps because of a couple of people who had been waiting an unusually long time.
6. Loss Percentage. This percentage is calculated by dividing the number of losses by the number of program starts plus losses. For example: if a program started 20 clients during a quarter and had 5 losses, the loss percentage would be $5 \div 20 + 5 = 5/25 = 20\%$.
7. Waiting More Than 4 Weeks. The number of clients that have been on the waiting list (referred but not yet started) more than 4 weeks at the end of the reporting period. (The last day of the quarter)

AREA B. START TO TERMINATION - ALL PROGRAM TYPES

This set of data items covers the time period from program start to termination by the facility, during which services are provided. This is usually the same as the period covered by RSC authorization.

1. Census. The number of RSC clients in the programs on the last day of the reporting period.
2. Capacity. The average number of clients who can be served from RSC at any one time. If the program serves people from other referral sources, the capacity reported here may be less than that of the total program, particularly if some of that total capacity is set aside or committed to other referral sources. If the total program capacity is available to RSC, report that total even though some clients may be served from other sources.
3. Average Utilization by RSC. This would be expressed as the average number of RSC clients served during the reporting period. (Average Daily Census)
4. Average Utilization by Others. The average number of clients from referral or payment resources other than RSC that were served during the reporting period. (Average Daily Census)
5. Average Unused Capacity. The average number of additional clients that could have been served by the program at any one time. Note: $2 = 3 + 4 + 5$ (Use Average Daily Census Figures, Not Those in Item B-1, Unless They Just Happen to be the Same)
6. Terminations. The number of clients terminated during the reporting period. Note: These are the clients no longer provided services.

AREA C. PROGRAM BENEFITS OR RESULTS

The items in this section summarize the vocational benefits or results achieved by clients at the time of closure by the facility. The term "program closure" is used to distinguish from "termination" to take into account that many clients may not be reported as having or not having achieved some vocational benefit until some time after they are no longer receiving services; for example, waiting 60 days before closing a client on a job. Each client will be reported as a program closure only once from any program unless he has been closed and subsequently re-referred. The same person may be served and subsequently closed in more than one program of a facility.

C-1 Program Results for Diagnostic Evaluation Program

This section applies only to program closures from Diagnostic Evaluation (Vocational Evaluation) programs. Program closures are those clients for whom program result information can be tabulated. Most clients will be closed within 30 days of termination when the feedback regarding acceptance of evaluation recommendations should be available.

The recommendations numbers 1-6 are for the major recommendation made for each client completing the program. Each client will be reported in one major recommendation category, even though additional recommendations have been made. For example, if a client is recommended for Competitive Employment with a backup or secondary recommendation for Sheltered work, he would be tallied here only under the Competitive Employment recommendation. It is also assumed that supporting services such as counseling will often be provided in conjunction with the following:

1. Competitive Employment Recommended. Placement or placement services leading to employment at least at minimum wage is recommended. These clients are considered to be job ready.
2. Skill Training, OJT, College or Secondary School is recommended for the acquisition of skills that will ultimately result in employment.
3. Work Adjustment Recommended. This includes all types of programs where the emphasis is on improving client work behavior.
4. Sheltered Work, Work Activity, or work as Homemaker or Unpaid Family Worker is recommended.
5. Not Feasible; Other Non-Vocational Services Recommended. Clients who are determined to be not feasible for vocational rehabilitation but for whom non-vocational services not already being received are recommended (e.g., Social Security Disability benefits, treatment for emotional problems, etc.). The probability of future competitive employment is unlikely.
6. Not Feasible; No Services Recommended. Clients determined to be not feasible for vocational rehabilitation and no new services are recommended (e.g., client is to return home for continued family care).

7. Evaluation Not Completed. Clients who did not participate in the program long enough for any of the above recommendations to be made.
8. Total Program Closures. The sum of Items #1-7 above.
9. Major Recommendations Accepted. The clients on whom major recommendations have been made and the feedback from the referring counselors indicate that these recommendations have been accepted. That is, the recommendation has either been carried out (e.g., client has started the recommended work adjustment service) or the recommendations have been included in the client's Individual Written Rehabilitation Plan (IWRP). Calculate the percentage of accepted recommendations only on those clients for whom such information is available from the referring counselor.
10. No Information Available on Acceptance of Recommendations. Indicate the number of clients for whom major recommendations were made but where you have not been able to find out from the referring counselor whether or not the recommendations were followed. If there are a significant number of these, you may want to add under "Comments" which referring counselors are involved and what efforts were made to get the information. Wait 30 days after the RSC counselor has received the information before using this category.

C-2 Level of Benefit at Program Closure for Work Adjustment, Skill Training, Job Readiness and Placement Programs

The measures for these three program types are the same, so be sure to indicate which of the three program types you are reporting. Complete one of these for each program of any of these types.

All clients closed by a program in any employment category must be in that status at least 60 days. All clients in Work Adjustment and Skill Training must be recorded as program closures within 90 days of termination, unless they have entered employment but have not been working 60 days. Then they may be held open up to an additional 60 days before program closure. This is to encourage re-placement of clients who did not last 60 days on their first jobs. Job Readiness and Placement Program closures in employment must also have started a job within 90 days following initiation of the formal or instructional portion of the program.

1. Full Time Competitive Employment. Permanent, unsubsidized, at least 30 hours per week, earning at least minimum wage.
2. Part-Time, Seasonal or Temporary Employment.
3. Business Enterprise, State Agency Managed.
4. Business Enterprise, Self-Employed.
5. Sheltered Work. Full time or part-time consistent with DoL certificate criteria.

6. On-the-Job Training. Formal arrangement where client receives training along with employment; expectation is that employment will continue beyond OJT. Facilities may choose to wait with these clients until they have been employed 60 days beyond the OJT period and count them in Item #1 above.
7. Enter Secondary School. Enter or return to High School
8. Accepted for College or University. Rather than have facilities wait until the client actually enters and completes 60 days of college, they may be counted in this category upon acceptance by the institution.
9. Accepted for Vocational or Skill Training. Similar to Item #8.
10. Homemaker. RSC definition would apply here.
11. Unpaid Family Worker. RSC definition would apply here.
12. Total #1-11. This is the total number of persons achieving any vocational benefit, all Status 26 and potential Status 26 closures.
13. None of Above Benefits. The number of program closures who are not in any of the above-listed categories for any reason. If this includes some people for whom no outcome information is available, add a note under "Comments" (e.g., for 3 of these clients, no outcome information is available from the referring counselors).
14. Total Closures. This is simply the sum of #12 and #13.
15. Average gross weekly earnings at the time of closure; clients closed by the program in full-time competitive employment. Item #1 above.
16. Average gross weekly earnings at the time of closure; clients closed by the program in part-time, seasonal or temporary employment. Item #2 above.
17. Average gross weekly earnings at the time of closure; clients closed by the program in sheltered work. Item #5 above.

AREA D. PROGRAM EFFICIENCY

The items in this section cover the efficiency of the various types of programs.

D-1 Program Efficiency for Diagnostic Evaluation Program

1. Average number of program days, all program closures. This involved all clients reported as program closures, including those not completing the program.
2. Average cost to RSC per client completing program. This is the cost to RSC for all program closures (Item #8) divided by the number of program closures who completed the program (Items #1-7). If there is a fee per client day or week, use the total fees for those clients reported as closed. If the program receives a block grant regardless of the number of clients served, use the total for the reporting period.

If the facility has a job placement service which is funded to provide placement services both to clients coming out of other facility programs and to direct referrals, be sure to separate out the cost to RSC for just the direct referrals for this measure for Job Readiness and Placement Programs.

D-2 Program Efficiency for Work Adjustment, Skill Training, Job Readiness and Placement Programs

1. Average Cost Per Client Obtaining Full Time Competitive Employment. For each reporting period the cost of services to RSC for all clients closed by the facility would be divided by the number of clients closed in full time competitive employment. This does not include maintenance costs to RSC. This is obtained by dividing the number of clients in C-2 (1) into the total costs of services provided to the clients in C-2 (14).
2. Average Cost Per Client in Item #12. This would be the average cost for all clients closed, the total reported in Item #12 above in Area C-2. The cost to RSC for all program closures would be divided by the number of clients reported in Item #12. In computing the total cost of services for clients terminated during the quarter, item 14, use the total fees for each client or total individually computed contract cost. This is obtained by dividing the number of clients in C-2(12) into the total costs of services provided to the clients in C-2(14).
3. Average Cost Per Client Not Obtaining Vocational Benefit. This would be the average cost to RSC for all other clients closed, the number reported in Item #13 above. This is the total of RSC fees, or portion of RSC grant, expended on those clients not obtaining one of the listed vocational benefits. To obtain this figure, divide the number of clients in Item 13 into the total cost of services provided to them.

AREA E. CLIENT CHARACTERISTICS

This section lists those key client characteristics or descriptors that will be used in monitoring the types of clients served and in interpreting results achieved. Facilities will report these characteristics for each of their programs serving RSC clients. Complete one for each program.

Column 1 is to be used for losses before program start for each type of program.

Column 2 is to be used for program completers for Diagnostic Evaluation Programs and for clients closed by the program in a vocational benefit category for Work Adjustment, Skill Training, and Job Readiness and Placement Programs.

Column 3 is to be used for non-completers for Diagnostic Evaluation Programs and for clients closed by the program in no vocational benefit category for Work Adjustment, Skill Training, and Job Readiness and Placement Programs.

The first nine items listed below would be reported for individuals only if they were the client's primary disability. They are the RSC Standard Definitions for these terms and for "severely disabled". Items 10, 11, and 12 may overlap with 1-9 and each other.

1. Blind:

Legal Blindness is present if:

- (1) there is corrected visual acuity of 20/200 or less in the better eye; or
- (2) if the better eye is aphakic and visual acuity is 20/70 or less; or
- (3) if the widest diameter of the visual field subtends an angle no greater than twenty degrees.

2. Visually Impaired:

A visually disabled individual is defined as a person with a corrected visual acuity of 20/70 or less in the better eye, or corrected visual acuity of 20/200 or less in one eye with normal vision or less in the other eye. Certain disabling conditions of the eye may be treated as prima facie evidence even when the visual acuity in the better eye with the best correction is greater than 20/70; examples of such conditions are:

- (1) Progressive eye pathology
- (2) Hemianopsia
- (3) Nystagmus
- (4) Albinism

3. Deaf:

The deaf are defined as those persons in whom the sense of hearing is non-functional for the ordinary purposes of life, and who must rely on vision as their primary means of receiving communication.

4. Hard-of-Hearing:

The hard-of-hearing are defined as those persons whose hearing, though defective, has some degree of functional use, with or without a hearing aid, for the ordinary purposes of life.

5. Character and Personality Disorders:

A mental disorder is defined as any thought disorder or emotional disturbance. Character and personality disorders are defined by the American Psychiatric Association and such diagnoses are published in the Diagnostic and Statistical Manual of Mental Disorders. Examples of such diagnoses include personality disorders of explosive/aggressive, hysterical, inadequate, and disorders of sexual deviation, transient situational disturbances, special physical systems, social maladjustments without manifest psychiatric disorder, and behavior disorders of childhood and adolescence.

6. Addictive Disorders:

Individuals with addictive disorders are defined as having strong emotional and/or psychological dependence on a substance, such as alcohol or a drug, which has progressed beyond voluntary control.

7. Mental Retardation:

Mental retardation is defined as sub-average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior. There are three levels of adaptive behavior which are described as:

- (1) Mild: Persons who, with the provision of appropriate rehabilitation services, can become capable of independent living in the community and engage in competitive employment.
- (2) Moderate: Persons capable of maintaining themselves in the community and performing adequately in low-demand competitive employment, but who will require continuing supervision and assistance in the management of personal affairs.
- (3) Severe: Persons capable of productive work but only under sheltered noncompetitive conditions in a protective environment.

The latter two levels of adaptive behavior do not constitute identification as severely disabled.

8. Mentally Ill:

Mental illness is defined as any psychiatric illness or disease of organic and/or emotional origin in which there is a departure from normal patterns of thinking, feeling, and acting. The two major categories of emotional illness: psychoses and psychoneurotic disorders.

9. Medically Disabled:

Medically disabled individuals are defined as those persons with orthopedic deformity or functional impairment, absence or amputation of major and minor members, cardiac and circulatory conditions, diseases of the blood and blood-forming organs, allergic, endocrine system, metabolic, and nutritional diseases, other specified disorders of the nervous system, disorders of digestive system, respiratory diseases, conditions of genito-urinary system, speech impairments and other disabling diseases and conditions - n.e.c.

10. Multiply Disabled; client has more than one of the above disabilities; a secondary disability exists.

11. Severely Disabled:

A severely handicapped individual is one who has a severe physical or mental disability which seriously limits his functional capacities (mobility, communication, self-care, self-direction, work tolerance, or work skills) in terms of employability; and whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.

- * Four categories are utilized in the identification of the severely disabled by the Ohio Rehabilitation Services Commission and are attached for reference. Several of the above categories of disability would constitute a severely disabled coding; no individual can be identified as severely disabled without the appropriate prior designation by the State agency.

- * See Addendum #1.

12. Never Worked:

Persons who never held a full time competitive job. Those persons whose only work experience was part-time or in sheltered employment would be included.

13. Information Not Available:

Those persons for whom the above information is not available. This would usually apply to some of the losses before program start.

14. Total Number of Persons.

OHIO REHABILITATION FACILITIES - MIS - 1

Facility: _____ Date: _____

Reporting Quarter: _____ Cumulative Period: _____

All Programs Will Be Included On This Form

PROGRAM TITLE AND TYPE

A. Referral to Admission	This Quarter	Cumulative	This Quarter	Cumulative	This Quarter	Cumulative	This Quarter	Cumulative
1. Referrals received								
2. Waiting List		X		X		X		X
3. Losses (will not start)								
4. Program Starts								
5. Start Lag (average days between referral and start)								
6. Loss Percentage (losses ÷ (starts + losses))								
7. Waiting more than 4 weeks		X		X		X		X
B. Start to Termination		X		X		X		X
1. Census		X		X		X		X
2. Capacity		X		X		X		X
3. Average utilization by RSC								
4. Average Utilization By Others								
5. Average Unused Capacity								
6. Terminations								

COMMENTS:

OHIO REHABILITATION FACILITIES - MIS -2

Facility: _____ Date: _____

Reporting Quarter: _____ Cumulative Period: _____

Program Title: _____

(For Vocational Evaluation Programs)

C-1 Program Results

This Quarter

Cumulative

		#	%	#	%
1.	Competitive Employment Recommended				
2.	Skill Training, OJT, College or Secondary School Recommended				
3.	Work Adjustment Services Recommended				
4.	Sheltered Work, Work Activity, Homemaker or Unpaid Family Worker Recommended				
5.	Not Feasible; Other Non-Vocational Services Recommended				
6.	Not Feasible; No Services Recommended				
7.	Evaluation Not Completed				
8.	Total Program Closures				
9.	Major Recommendations Accepted, in IWRP (Based on #1-6)				
10.	No Information Available on Acceptance of Recommendations				
D-1	Program Efficiency				
1.	Average Number Program Days, All Program Closures				
2.	Average Cost to RSC Per Client Completing Program				

COMMENTS:

OHIO REHABILITATION FACILITIES - MIS-3

Facility: _____ Date: _____

Reporting Quarter: _____ Cumulative Period: _____

Program Title: _____ Program Type: _____

(For Work Adjustment, Skill Training, Job Readiness and Placement Programs)

C-2 Level of Benefit at program closure	This Quarter		Cumulative	
	#	%	#	%
1. Full time competitive employment				
2. Part-time, seasonal or temporary employment				
3. Business Enterprise (FT or PT)				
4. Business Enterprise, Self-employed				
5. Sheltered Work				
6. On-the-job training				
7. Enter secondary school				
8. Accepted for College or University				
9. Accepted for Vocational or Skill Training				
10. Homemaker				
11. Unpaid family worker				
12. Total #1-11				
13. None of above benefits				
14. Total closures (12+13=14)				
15. Average gross weekly earnings in full-time competitive employment				
16. Average gross weekly earnings in part-time, seasonal or temporary employment				
17. Average gross weekly earnings in sheltered work				
D-2 Program Efficiency				
1. Average cost to RSC per client obtaining full-time competitive employment				
2. Average cost to RSC all clients in Item 12 above				
3. Average cost to RSC all clients in Item 13 above				

COMMENTS:

OHIO REHABILITATION FACILITIES - MIS-4

Facility: _____ Date: _____

Reporting Quarter: _____ Cumulative Period: _____

Program Title: _____ Program Type: _____

This Form Will Be Completed For Each Program

E. Characteristics (1-9 Primary Disability)	Column 1 Losses Before Program Start				Column 2				Column 3			
	This Quarter		Cumulative		This Quarter		Cumulative		This Quarter		Cumulative	
	#	%	#	%	#	%	#	%	#	%	#	%
1. Blind												
2. Visually Impaired												
3. Deaf												
4. Hard-of-Hearing												
5. Character & Personality Disorders												
6. Addictive Disorders												
7. Mentally Retarded												
8. Mentally Ill												
9. Medically Disabled												
10. Multiply Handicapped (More than one of above)												
11. Severely Disabled (RSC Definition)												
12. Never Worked												
13. Information Not Available												
14. Total Number of Persons												

COMMENTS:

APPENDIX D

Source Document Samples

PROGRAM EVALUATION SOURCE DOCUMENT

Evaluation

Reporting month _____

Client _____ Date Program Started _____ Ended _____
Program length (not counting interruptions) _____

Client Characteristics: Fill in or circle all that applies

- | | |
|---|--|
| 1. Blind | 11. Severely Disabled |
| 2. Visual Impaired | 12. Public Offender |
| 3. Deaf | 13. Trainable MR |
| 4. Hard-of-hearing | 14. Developmentally Disabled |
| 5. Character & Personality Disorders | 15. Financial Dependency |
| 6. Addictive Disorders | 16. Vocational Problems |
| 7. Mentally Retarded | 17. Brain-damaged |
| 8. Mentally Ill | 18. Number of months unemployed prior to Quadco _____. |
| 9. Medically Disabled | 19. Number of completed school years _____ |
| 10. Multiply Handicapped (more than 1 of above) | 20. Never worked |
| | 21. Age _____ |

Client Benefits: Circle the answer that applies

- | | | |
|-----|----|---|
| Yes | No | Clients program recommendations were accepted by RSC. |
| Yes | No | Client completed the evaluation program. |
| Yes | No | Vocational strength testing was related to their expressed and tested interest. |
| Yes | No | Client's vocational potential was accurately assessed in terms of specific, realistic vocational goals. |
| Yes | No | A comprehensive interest profile is available. |

Program Evaluation Source Document

General Employment Training
Occupational Skills Training

Sheltered Employment

Reporting Month _____

Client _____	Date Program Started _____	Ended _____
Program length (not counting interruptions) _____		Weeks _____

Program:

3 months

6 months

1. Occupational Skills Training
 - A. Industrial Sewing
 - B. Information Processing
 - C. Welding
 - D. General Mechanics
 - E. Food Service Training
 - F. Janitorial Training
2. General Employment Training
3. Sheltered Employment
4. Woodworking

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Training Benefits: Circle all that applies

1. Enter secondary school
2. Accepted for college or university
3. Accepted for vocational or skill training
4. At least minimally proficient in IDL skills
5. Received Employment Readiness Training
6. Successful post-testing skill level
7. Sheltered Employment Training Benefits
8. Client Quit Program
9. No training benefit

Signature _____

Employment Benefits and Date: Fill in and circle all that applies

- | | |
|---|--|
| 1. Full time competitive employment | 6. Unpaid family worker |
| 2. Sheltered Employment | 7. Business enterprise (full or part time) |
| 3. On-the-job-training | 8. Business enterprise, self-employed |
| 4. Part-time, seasonal or temporary employment. | 9. No employment benefits |
| 5. Homemaker | |

Date job: Started _____ Closed _____ Employer _____

Job Title _____

Hourly earnings, closure _____ Gross weekly earnings, Closure _____

Signature _____

Name _____

Starting date: _____

End of program: _____

Weeks in program: _____ Sex: _____

Attendance: _____ days Age: _____

Education: _____ IQ: _____

Attended Special Classes: _____

Living in an Institution: _____

No goal or inappropriate goal when entering the program: _____

In an institution PREVIOUS to coming into the program: _____

TERMINATED FROM PROGRAM:

- ☐ Return to school
☐ Vocational Training
☐ NO vocational benefit
☐ Other reason _____

COST OF SERVICES:

Evaluation cost _____

TOTAL PROGRAM COST _____

SERVICES RENDERED:

- ☐ Evaluation
☐ Work Adjustment
☐ Job Placement

CLIENT CHARACTERISTICS:

- ☐ Visually impaired
☐ Deaf
☐ Character & Personality Disorder
☐ Mental Retardation
☐ Physically Disabled
☐ Multiple Handicap
☐ SEVERELY DISABLED
☐ MENTAL ILLNESS

PREVIOUS WORK INFORMATION:

- ☐ Never worked
☐ Never held a job for one year

EMPLOYMENT STATUS AT REFERRAL:

- ☐ Competitively employed
☐ Earning wages in sheltered employment
☐ Homemaker
☐ Unpaid family worker
☐ Not working (student)
☐ Not working

JOB PLACEMENT FROM MRS:

Employer: _____

Date began job: _____

Job title: _____

Earnings at start: _____

Earnings at 60 days(gross) _____
(Weekly)

JOB PLACEMENT FROM MRS CONTINUED:

- ☐ Full-time competitive
☐ Part-time comp./seasonal/temporary
☐ Sheltered
☐ Self-employed
☐ OJT ☐ Homemaker
☐ Unpaid family worker

COMMUNITY SERVICES:

Referred to: _____

Results: _____

Referred to: _____

Results: _____

PROGRAM EVALUAT. SOURCE DOCUMENT
WORK ADJUSTMENT

Name: _____
Client Number 1 2 3 4 5 6

Dates:
Start 7 8 9 10
Scheduled completion 11 12 13 14

Interruption 15 16 17 18

Return 19 20 21 22

Referral Source:
1. A10 5. A50+90 23
2. A20 6. A60
3. A30 7. BSB
4. A40 8. VA
9. Other _____
Specify _____

W.A.S. Code: 24 25

Age Group
1. 16-22 3. 31-54 26
2. 23-30 4. 55+

Sex:
1. Male 2. Female 27

Race:
1. Black 2. White 28
3. Other

Education:
1. 1-6 years regular 29
2. 7-12 years regular
3. 1-6 years special ed.
4. 7-12 years special ed.
5. More than 12 years
6. Unknown

Job History:
1. Yes 2. No 30
(Full-time competitive employ.)

Vocational Goal:
Specified at entry 31
1. Yes 2. No

Previous Services: 1. Yes 2. No
Current Medical 32

Current Work Evaluation 33

Current I.Q. Data 34

Previous Work Adjustment 35

Previous JRP 36

Currently receiving alcohol/drug
treatment 37

1. Yes 2. No

Primary Disability: 38 39 40

Secondary Disability:
1. Yes 2. No 3. Unknown 41

Severely Disabled:
1. Yes 2. No 3. Unknown 42

Case Difficulty Index 43 44 45

FUNCTIONAL DISABILITIES (Enter after 2 w
1. Yes 2. No

1. Output
Quality/Quantity 46
2. Attendance & Punctuality 47

3. Relationships
Supervisors & Peers 48

4. Task Related Behaviors 49
(Attention span, frustration, etc.)

5. Personal Problems
(That interfere with vocational development) 50

6. Hygiene, Grooming
Dress 51

7. Work Experience 52

Goal Attainment Scores:

Level at intake 53 54 55

Level at follow-up 56 57 58

Gain Score or Loss 59 60 61 62

COMPLETION DATA

Actual Completion

63 64 65 66

Total Weeks Served

67 68Service Recommendations69 70

1. Full time competitive employment
2. Part-time
3. Business enterprise
4. Business enterprise (self-employed)
5. Sheltered work
6. On-the-job training
7. Enter secondary school
8. Accepted for college
9. Accepted for vocational or skill trng.
10. Homemaker
11. Unpaid family worker
12. Other

Early Completion Reason71

1. Voluntary withdrawal
2. Ready for training/placement
3. Inability to benefit

Referred to

72

1. JSST
2. JRP at another agency
3. RSC placement specialist
4. Other placement source
5. Self-placement
6. Vocational training at VGRS
7. Vocational training elsewhere
8. Other

90 Day Follow-UpOutcome:73 74

1. Full time competitive employment < 60 days.
2. Full time competitive employment > 60 days.
3. Part-time employment
4. Business enterprise
5. Business enterprise self-employed
6. Sheltered work
7. Homemaker
8. Unpaid family worker.
9. Full time competitive employment/lost job needs placement

Training

10. On-job-training
11. Secondary school
12. College or university
13. Vocational or skill training

Other

14. Received community service
15. Has not received community service
16. Unknown

Wages:

1. Average gross weekly earnings full time 75 76 77
2. Part-time gross weekly earnings 78 79 80
3. Sheltered work gross weekly earnings 81 82 83

Satisfaction Index

84 85 86

VOCATIONAL REHABILITATION SERVICES
SOURCE DOCUMENT

Client: _____ Program Starting Date: _____
Completion Date: _____
Report Date: _____ Length (Weeks): _____

CHARACTERISTICS: (Circle Applicable)

1. Never held a job for a continuous year.
2. On some form of public assistance prior to or following program entry.
3. Length of time since last job _____ mos.
4. Terminated from job for poor performance.
5. Age: A. 18 and below
B. 19-34
C. 55 and above
6. Sex: A. Female
B. Male
7. Family Status: A. Children
B. Primary breadwinner
C. Supports oneself only

- BENEFIT:
1. Competitive Employment
 2. Skill Training
 3. Sheltered Employment
 4. Homemaking Skill Training
 5. Community Service
 6. No Vocational Services.

COMMUNITY SERVICES:

Referred to: _____

Result: _____

Referred to: _____

Result: _____

COMPETITIVE PLACEMENT:

Wages after 60 days: \$ _____ wk.

ADDITIONAL COMMENTS (If necessary) _____